STATE OF MAINE WATER WELL DRILLING COMMISSION 157 CAPITOL STREET AUGUSTA, MAINE 04333

(207) 287-5699

FAX (207) 287-3165 TDD (207) 287-2070

MASTER WATER WELL DRILLING EXAMINATION APPLICATION

I,_____, in accordance with 32 MRSA §4700-I

certify that I have been have a minimum of worked an average of for each of those application/examination as required by 32 MRSA Commission. I have state	to sit for the master well driller examination actively engaged in the trade of well drilling and have——years experience in well drilling and have——hours per year as a journeyman well driller years, and have enclosed the required fee, reference forms and will take an examination §4700-I §§4 at a time and place specified by the ted my pertinent work history on the back of this tion D-202.0 of the Well Driller and Pump Installer	d e r d n e s	
]	PLEASE TYPE OR PRINT IN INK		
Name of Applicant			
Address			
	Social Security #		
Signature			
	driller in another state?		

BE SURE TO COMPLETE EMPLOYMENT HISTORY SECTION ON BACK

REFERENCES:

Enclosed are three (3) reference forms. Please have these completed and return with your application.

APPLICATION REVIEW/EXAMINATION FEE \$25.00 - MAKE CHECK PAYABLE TO STATE TREASURER AND SUBMIT WITH THE COMPLETED APPLICATION TO: Maine Water Well Drilling Commission, Health Engineering, 10 State House Station, Augusta, ME 04333-0010

NOTE: Exam Questions are taken from Chapters 10-13 of "Groundwater and Wells" Second Edition, by Fletcher G. Driscoll, and the "State of Maine Well Drillers and Pump Installers Rules"

This book can be purchased through National Ground Water Association, call 1-800-551-7379. It is also available at the University of Maine - Orono Library and the University of Southern Maine - Gorham Campus Library. Check with your local library and see if it is available through the Lending Library.

=	ell Drillers and Pump Installers Rules, I perience and have worked at least
	ler during those years in the trade as
EMPLOYER:	
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	TELEPHONE:
DATES OF EMPLOYMENT:	
FROM:	TO:
POSITION/DUTIES:	
EMPLOYER:	
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	TELEPHONE:
DATES OF EMPLOYMENT:	
FROM:	TO:
POSITION/DUTIES:	
EMPLOYER:	
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	TELEPHONE:
DATES OF EMPLOYMENT:	
FROM:	TO:
POSITION/DUTIES:	